



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL ANDERSON

City of Hospital: Anderson

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Sandy Richie

Email Address: sandy.richie@ecommunity.com

Medicare Provider Number: 15-0113

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$232250744 |
| Outpatient Patient Service Revenue | \$380059140 |
| Total Gross Patient Service Revenue | \$612309884 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$299172925 |
| Other Deductions | \$118408661 |
| Total Deductions | \$417581586 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$194728298 |
| Other Operating Revenue | \$33585020 |
| Total Operating Revenue | \$228313318 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages | \$69799288 | Employee Benefits | \$19132910 |
| Depreciation and Amortization | \$8948382 | Interest Expense | \$104143 |
| Bad Debt | \$8400471 | Other Expenses | \$118869794 |
| Total Operating Expenses | \$225254988 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$-5342140 | Total Assets | \$343478302 |
| Net Non-operating Gains over Loss | \$36036316 | Total Liabilities | \$24513013 |

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|-----------------|------------|
| Total Net Gains | \$30694176 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$333616685 | \$264326260 | \$69290425 |
| Medicaid | \$108397468 | \$34846665 | \$73550803 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$170295731 | \$118408661 | \$51887070 |
| Total | \$612309884 | \$417581586 | \$194728298 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$705664.76 | \$628525.41 | \$77139.35 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$11503 | \$29260 | \$-17757 |

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|---------------------------------------------------------|-----|
| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

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| Statement Six: Charity Statement |
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|--------------------------|------------|
| Hospital Charity Charges | \$15798770 |
|--------------------------|------------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$8788 | \$4167121 | |
| HCI Payments | \$0 | | |
| Subtotal | \$8788 | \$4167121 | \$-4158333 |
| Medicaid Shortfalls | \$18332042 | \$28591177 | |
| Subtotal | \$18340830 | \$32758298 | \$-14417468 |
| DSH Payments | \$1,911,083 | | |
| Subtotal | \$20251913 | \$32758298 | \$-12506385 |
| Medicare Shortfalls | \$70283719 | \$87995540 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$90535632 | \$120753838 | \$-30218206 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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